



South East Regional Trauma Coordinating Committee

**Conference Call Notes
December 1, 2008
09:00 – 11:00
Call in number: (800) 369-1739
Pass Code: 25664**

Attendees: Kathi Ayers, Raul Coimbra, Brent Eastman, Les Gardina, Virginia Hastings, Dot Kelley, Ryan Kelley, Sharon Pacyna, Cynthia Marlin-Stoll.

EMSA Staff: Bonnie Sinz, Johnathan Jones

Minutes

Agenda Item: Introductions
Roll Call was taken

Agenda Item: Approval of November 3, 2008 Notes
Notes approved

Agenda Item: Subgroup Activities

Trauma Triage LEAD: Cynthia Marlin-Stoll

Cindi took each LEMSA's triage policies and formatted them into an algorithm similar to ACS's configuration.

Action Item: Each LEMSA review algorithm and verify accuracy of information.

The goal for the RTCC Meeting presentation is to point out triage similarities and differences and explore next steps. The group agreed that differences are certainly acceptable. Patient safety is a critical component as we review the triage standards. During the break-out session, it is expected that there will be more detailed discussion regarding specific triage criteria – e.g. GCS. Discussions may reflect reasons for differences and exploring criteria where we may become more consistent. These criteria should also be examined as they apply to inter-county transfers for higher level of care.

Quality Improvement LEAD: Sharon Pacyna/Dorothy Kelley

Sharon reported on the Subcommittee's discussions which included working towards trauma registry standardized definitions, which should be consistent across all RTCCs for submission to the State. Each Trauma Center was going to forward their data dictionary to Sharon for compilation. Bonnie will forward the current State Trauma Registry Data Dictionary currently under development to Sharon. The data dictionary is compliant with National Trauma Data Standards (NTDS). The Subcommittee also discussed Quality Indicators and standardizing review processes. The Subcommittee was interested in knowing each county's resources and a grid will be developed outlining receiving centers and their basic capabilities, and contact information. Bonnie forwarded a spreadsheet to Sharon with every hospital in the state and their basic capabilities. There is also another state document called the Field Operations Guide which includes heliport pad information.

Virginia cautioned about contacting the facilities prematurely since they are not yet familiar with the RTCC goals.

The Subcommittee's RTCC Meeting Presentation will probably focus on state registry definition standardization and patient care transfer issues across county lines.

Dr. Coimbra is convinced the QI Subcommittee will have an extensive agenda and would be very satisfied if the Subcommittee would have some standardized definitions on preventability and a few quality indicators.

Les suggested we may want to avoid specifics because there will be people there (e.g. CEOs) who are not as familiar with trauma issues. However, it is believed they will not be attending the QI break-out session.

Funding LEAD: Virginia Hastings

Have had two conference calls and current goal is to pull data on the number of patients being transferred across county lines, stratified by payor source. ICEMA has pulled data. Riverside and San Diego are in the process of getting this information.

ICEMA's Chief Administrative Officer has identified three funds that historically have been used by ICEMA to pay for unfunded patients. Other Counties are also investigating and they probably all have similar funding sources for uncompensated care.

Once numbers have been identified, the Funding Group will move it to a higher level to explore establishing a policy about a willingness to shift some of the funds as long as it is a manageable amount and doesn't cripple the Counties ability to pay for its own care.

Action Item: Each LEMSA forward transfer/payor data to Virginia. Data runs for 2006/2007/January – June 31, 2008.

The presentation at the RTCC Meeting will primarily center on transfer numbers and patterns. Payor information and funding sources may also be available at that time for discussion.

Certainly they will not have a commitment from governmental leaders at that point.

Break-out session will ask for input on how this would work as well as canvas participants about other potential funding sources.

The success of Virginia's funding group is dependent on the Repatriation Subcommittee and the two will meet jointly in the break-out session.

Les stated that in the Repatriation Subcommittee has found that a large percentage of patients that are coming from outside our four Counties are coming from other areas of California and Arizona. He estimates approximately 50% of the transfers are Imperial County residents and there are very few identified as having Mexico as home residence. However Les does not have the tie to the financials for this group. Can the Funding group tie County of residence to payor information?

Virginia will look into this possibility. Cindi stated the "County of residence" data element is zip code which will have to be converted to County.

Dr. Coimbra stated that seasonal or monthly data may be important. Many of UCSD's transfers from Imperial County during ATV season are actually San Diego residents.

Repatriation LEAD: Les Gardina and Ryan Kelley

Les reported he is still gathering information from everyone. He has all of San Diego County and about half of the transfers. At this point, in order to make the discussion fruitful, he wants to inventory clinical resources available for repatriation. Currently it appears that patients stay in the "out-of-county" hospital until they are ready to be discharged home. Some of these patients have to return to SD for outpatient follow-up.

Action Item: Ryan will provide information on Clinic and Convalescent resource availability.

Break-out session will profile the number and injury severity of out of county transfers and resource availability of transferring County.

Profile of what types of pt and injuries are seen; is the volume coming from there needing specialty services; what issues are centers identifying; what are resources and gaps?

Dr. Coimbra asked whether regional data can be presented in addition to San Diego/Imperial County.

Cindi stated that Loma Linda has expressed interest in repatriating to Riverside. If a Repatriation policy was intact there may be less resistance to accepting the patient in the first place.

Agenda Item: State Trauma Registry

Dr. Shantz forwarded Florida's web site address for the state registry.

Bonnie stated the State is making progress with trauma registry data dictionary which is part of the California EMS Information System (CEMSIS). CEMSIS is divided into 2 sections – the EMS section and the Trauma section. CEMSIS is NEMSIS compliant and has a few additional data elements. Example – the NEMSIS data elements include the reason and location for patient diversion. CEMSIS added where the patient is diverted from. The State will be able to participate in national data collection. The EMS data dictionary has been approved by the EMS Commission.

Trauma section has gone out for public comment. The data dictionary is NTDS compliant, again with a little California twist - a few elements specific for California and a few pick lists are different but is able to be collapsed into NTDS. It will go out for 2nd public comment period in the next couple of months.

The State has talked to NTDB about submitting data but currently they would rather get the data from trauma centers.

Agenda Item: January RTCC Meeting

Reviewed the Agenda and all approved.

Where are the reservations to be called in to?— Everyone should make their own reservations

Web site: temeculacreekinn.com

Phone #: 951 694 -1000

Addendum – web site states Reservations Number is 877 517-1823

Block of rooms for Thursday night cost \$140. We have guaranteed to reserve 10 rooms.

Friday night the rooms cost \$169.

Logistics

Folders will be provided to attendees with Agenda's and Presentation Handouts.

Each Presenter is responsible for providing Handouts for the Folders. It was suggested that PowerPoint slide Handouts be 6 per page with a WHITE background.

Rather than Easels for Break-out sessions, laptops can be used.

Folders x 100	Dr. Coimbra
Agendas	Dr. Coimbra
Labels for Folders	Sue (volunteered post call)
Laptops x 4	1 lap top for each break-out session and 1 extra
	Kathi 3 laptops
	Dot 1 laptop
Signs	Cindi Morning Presentation and Break-out sessions
Projectors	Cindi 1 projector

Black Markers	Dot	1 projector
Tape	Sue (volunteered post call)	
Name Tags	Sue (volunteered post call)	
Printer	Bonnie	
	Dr. Coimbra and Sharon will explore	

Assistant to Take Minutes at morning session: Dot
Registration Help Liz Devin - Scripps Mercy
Assistant

Several people volunteered to meet at 4pm at Temecula Creek Inn the night before to take care of logistics. Volunteers included Cindi, Dot, Sharon, Bonnie and Sue (post call).

Invitation List:

Les sent out first batch of invitations and will send the rest this week.

Cindi invited all her Air agencies

Johnathan received the green light to invite a representative from the Native American constituency. The agency represents the unification of all tribes.

Virginia got approval to invite a contracted consultant.

It is important that we have our invitees RSVP so we can give the Inn a head count for food. Cindi said she would send out an e-mail to her invitees requesting an RSVP.

Bonnie mentioned that another RTCC is discussing Governance and questioned whether this should be addressed up front.

Dr. Coimbra suggested the structure will evolve over time. The manner in which we present our topics will make attendees feel included.

South East General Meetings for everyone 2 x per year

Steering Committee with monthly Conference Calls

Subcommittees with monthly Conference Calls

Subcommittees can have an open membership.

Next calls:

Monday, January 5

Monday, January 12

Note new time: 13:00 - 15:00

Note new Call in Number: (800) 369-1739
Pass Code 25664